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## INTRODUCTION

The pre-admission screening process pre-authorizes a continuum of long-term care services available to an individual under the Virginia Medical Assistance Program. Medicaid-funded long-term care services may be provided in either a nursing home or community-based care setting.

### FACTORS TO BE CONSIDERED WHEN EVALUATING WHETHER AN INDIVIDUAL NEEDS TO BE SCREENED

In Virginia, individuals who seek or are at risk of nursing home placement and who may be Medicaid-eligible within 180 days of admission to a nursing home are screened by either hospitals or local screening committees. Usually the individual or family requests a nursing home pre-admission screening. Occasionally, however, individuals or families may ask for help but state they are not interested in nursing home placement and do not intend to make Medicaid application. In these cases, the Screening Committee must look beyond what the individual and family are saying and complete an assessment to determine whether or not the individual meets the nursing home criteria and is at imminent risk of nursing home placement. (Can that individual's needs be met by his or her social support system and currently available community resources, or is that situation likely to deteriorate with the individual or family or both, eventually seeking nursing home placement?) If the Screening Committee believes that the individual cannot be maintained by the social support system and other community resources, a screening should be done, and if appropriate, personal care should be offered. An individual's refusal to seek nursing home placement or apply for Medicaid is not a legitimate basis for a decision not to screen.

How does a Screening Committee know if an individual's need can be met by his or her social support system? The team must look at many factors when weighing the risk of nursing home placement. Among these factors are: (1) the extent and type of individual dependencies, (2) the coping ability and resources of the individual's support system, (3) other demands already placed on the individual's support system, and (4) other available community resources.

Following is a list of situations which indicate to the Screening Committee that a closer examination is warranted. Screening Committees should not assume that the list is all-inclusive or that anyone in a similar situation is automatically at risk of nursing home placement. Indeed, some individuals' circumstances may be similar to those listed below, but they may be eligible for another community resource that may better meet their needs.

1. Individuals with terminal illness whose family may or may not be effective problem-solvers because of their own difficulty in coping with the individual's diagnoses and prognosis;
2. Individuals requiring 24-hour supervision because of physical dependencies or mental confusion;

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3. Individuals with medical conditions likely to deteriorate and whose families are experiencing difficulty in coping with the individual's present care needs;
4. Individuals with a primary caretaker who is elderly or has health problems;
5. Individuals with a primary caretaker who has other time-consuming obligations, such as a full-time job, children (school age or younger), or other dependent relatives; and
6. Individuals who live alone and are experiencing deteriorating health or are unable to perform their activities of daily living.

To summarize, Screening Committees should screen not only patients who state they are seeking nursing home admission, but also those who meet any of the conditions outlined above.

## **NURSING HOME CRITERIA**

**The criteria for assessing an individual's eligibility for Medicaid payment of nursing home care consist of two components:**

1. Functional capacity (the degree of assistance an individual requires to complete activities of daily living); and
2. Medical or nursing needs.

In order to qualify for Medicaid payment for nursing home care, an individual must meet both functional capacity requirements and have a medical condition which requires ongoing medical or nursing management. An exception may be made when the individual does not meet the functional capacity requirement but the individual does have a health condition that requires the daily direct services of a licensed nurse that cannot be managed on an outpatient basis.

**The criteria for assessing an individual's eligibility for Medicaid payment of community-based care consist of three components:**

1. Functional capacity (the degree of assistance an individual requires to complete activities of daily living);
2. Medical or nursing needs; OR
3. The individual's risk of nursing home placement in the absence of community-based waiver services.

In order to qualify for Medicaid payment for community-based care, an individual must meet both the functional and medical components of the nursing home criteria. In addition, the individual must be determined to be at risk of nursing home placement unless services under the waiver are offered.

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Preadmission screenings are performed by teams composed by agencies contracting with DMAS) The authorization for Medicaid-funded long-term care may be rescinded by the nursing home or community-based care provider or by DMAS at any point that the individual is determined to no longer meet the criteria for Medicaid-funded long-term care. Medicaid-funded long-term care services are covered for individuals whose needs meet the criteria established by program regulations. Authorization of appropriate noninstitutional services shall be evaluated before actual nursing home placement is considered.

Prior to an individual's admission, the nursing home must review the completed pre-admission screening forms to ensure that appropriate nursing home admission criteria have been documented. The nursing home is also responsible for documenting, upon admission and on an ongoing basis, that the individual meets and continues to meet nursing home criteria. For this purpose, the nursing home will use the Minimum Data Set (MDS). The post-admission assessment must be conducted no later than 14 days after the date of admission and promptly after a significant change in the resident's physical or mental condition. If at any time during the course of the resident's stay, it is determined that the resident does not meet nursing home criteria as defined in the *State Plan for Medical Assistance*, the nursing home must initiate the discharge of such resident. Nursing homes must conduct a comprehensive, accurate, standardized, and reproducible assessment of each resident's functional capacity and medical and nursing needs.

DMAS shall conduct surveys of the assessments completed by nursing homes to determine that services provided to the residents who meet nursing home criteria and that needed services are provided.

The community-based provider is responsible for documenting upon admission and on an ongoing basis that the individual meets the criteria for Medicaid-funded long-term care.

The criteria for nursing home level of care under the Virginia Medical Assistance Program are contained herein. An individual's need for care must meet these criteria before any authorization for payment by Medicaid will be made for either institutional or noninstitutional long-term care services. The Pre-Admission Screening Committee is responsible for documenting on the state-designated assessment instrument that the individual meets the criteria for nursing home or community-based waiver services and for authorizing admission to Medicaid-funded long-term care.

## **PRE-ADMISSION SCREENING CRITERIA FOR NURSING HOME CARE**

Functional dependency alone is not sufficient to demonstrate the need for nursing home care or placement.

Except as provided for individuals who require the daily direct services of a licensed nurse that cannot be managed on an outpatient basis, an individual may only be considered to meet the nursing home criteria when both the functional capacity of the individual and his or her medical or nursing needs meet the following requirements. Even when an individual meets nursing home criteria, placement in a noninstitutional setting shall be evaluated before actual nursing home placement is considered.

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### Functional capacity

Functional capacity must be documented on the DMAS-95 assessment instrument, completed in a manner consistent with the definitions of activities of daily living and directions provided by DMAS for the rating of those activities. Individuals may be considered to meet the functional capacity requirements for nursing home care when one of the following describes their functional capacity:

1. Rated dependent in two to four of the Activities of Daily Living, and also rated semi-dependent or dependent in Behavior Pattern and Orientation, and semi-dependent in Joint Motion or semi-dependent in Medication Administration;
2. Rated dependent in five to seven of the Activities of Daily Living and also rated dependent in Mobility; and
3. Rated semi-dependent in two to seven of the Activities of Daily Living and also rated dependent in Mobility and Behavior Pattern and Orientation.

The rating of functional dependencies on the pre-admission screening assessment instrument must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence. The following abbreviations shall mean:

I = independent  
d = semi-dependent  
D = dependent

MH = mechanical help  
HH = human help

<b>(1) Bathing</b>			<b>(2) Dressing</b>		
(a)	Without help	<b>(I)</b>	(a)	Without help	<b>(I)</b>
(b)	MH only	<b>(d)</b>	(b)	MH only	<b>(d)</b>
(c)	HH only	<b>(D)</b>	(c)	HH only	<b>(D)</b>
(d)	MH and HH	<b>(D)</b>	(d)	MH and HH	<b>(D)</b>
(e)	Is bathed	<b>(D)</b>	(e)	Is dressed	<b>(D)</b>
			(f)	Is not dressed	<b>(D)</b>

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<b>(3) Toileting</b>	<b>(4) Transferring</b>
(a) Without help day or night <b>(I)</b>	(a) Without help <b>(I)</b>
(b) MH only <b>(d)</b>	(b) MH only <b>(d)</b>
(c) HH only <b>(D)</b>	(c) HH only <b>(D)</b>
(d) MH and HH <b>(D)</b>	(d) MH and HH <b>(D)</b>
(e) Performed by others <b>(D)</b>	(e) Performed by others <b>(D)</b>
	(f) Is not preformed <b>(D)</b>

<b>(5) Bowel Function</b>	<b>(6) Bladder Function</b>
(a) Continent <b>(I)</b>	(a) Continent <b>(I)</b>
(b) Incontinent less than weekly <b>(d)</b>	(b) Incontinent less than weekly <b>(d)</b>
(c) External/Indwelling device/ Ostomy self-care <b>(d)</b>	(c) External device self care <b>(d)</b>
(d) Incontinent weekly or more <b>(D)</b>	(d) Indwelling catheter self care <b>(d)</b>
(e) Ostomy not self-care <b>(D)</b>	(e) Ostomy self care <b>(d)</b>
	(f) Incontinent weekly or more <b>(D)</b>
	(g) External device, not self care <b>(D)</b>
	(h) Indwelling catheter, not self-care <b>(D)</b>
	(i) Ostomy not self-care <b>(D)</b>

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<b>(7) Eating/Feeding</b>	<b>(8) Behavior Pattern and Orientation</b>
<p>(a) Without help <b>(I)</b></p> <p>(b) MH only <b>(d)</b></p> <p>(c) HH only <b>(D)</b></p> <p>(d) MH and HH <b>(D)</b></p> <p>(e) Spoon fed <b>(D)</b></p> <p>(f) Syringe or tube fed <b>(D)</b></p> <p>(g) Fed by IV or clysis <b>(D)</b></p>	<p>(a) Appropriate or Wandering/ Passive less than weekly + Oriented <b>(I)</b></p> <p>(b) Appropriate or Wandering/Passive &lt; weekly + Disoriented Some Spheres <b>(I)</b></p> <p>(c) Wandering/Passive Weekly or more + Oriented <b>(I)</b></p> <p>(d) Appropriate or Wandering/Passive &lt; weekly + Disoriented All Spheres <b>(d)</b></p> <p>(e) Wandering/Passive Weekly some or more + Disoriented All Spheres <b>(d)</b></p> <p>(f) Abusive/Aggressive/ Disruptive&lt; weekly + Oriented or Disoriented <b>(d)</b></p> <p>(g) Abusive/Aggressive/ Disruptive weekly or more + Oriented <b>(d)</b></p> <p>(h) Abusive/Aggressive/ Disruptive + Disoriented All Spheres <b>(D)</b></p>



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<b>(9) Joint Motion (NF)</b>	<b>(10) Mobility</b>
(a) Within normal limits <b>(I)</b> (b) Limited motion <b>(d)</b> (c) Instability corrected <b>(I)</b> (d) Instability uncorrected <b>(D)</b> (e) Immobility <b>(D)</b>	(a) Goes outside without help <b>(I)</b> (b) Goes outside MH only <b>(d)</b> (c) Goes outside HH only <b>(D)</b> (d) Goes outside MH and HH <b>(D)</b> (e) Confined moves about <b>(D)</b> (f) Confined does not move about <b>(D)</b>

<b>(11) Medication Administration (NF)</b>	<b>(12) Medication Administration (ACR)</b>
(a) No medications <b>(I)</b> (b) Self-administered, monitored < weekly <b>(I)</b> (c) By lay persons administered/monitored <b>(D)</b> (d) By licensed/professional nurse administered/monitored <b>(D)</b>	(a) Without assistance <b>(I)</b> (b) Administered, monitored by lay person <b>(D)</b> (c) Administered, monitored by professional staff <b>(D)</b>

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<b>(13) Behavior Pattern</b>	<b>(14) Instrumental Activities of Daily Living (ACR)</b>
(a) Appropriate <b>(I)</b>	(a) Meal Preparation
(b) Wandering/ passive less than weekly <b>(I)</b>	(1) No help needed
(c) Wandering/ passive weekly or more <b>(d)</b>	(2) Needs help <b>(D)</b>
(d) Abusive/ aggressive/ disruptive less than weekly <b>(D)</b>	(b) Housekeeping
(e) Abusive/ aggressive/ disruptive weekly or more <b>(D)</b>	(1) No help needed
	(2) Needs help <b>(D)</b>
	(c) Laundry
	(1) No help needed
	(2) Needs help <b>(D)</b>
	(d) Money Management
	(1) No help needed
	(2) Needs help <b>(D)</b>

### Medical and Nursing Needs

An individual with medical or nursing needs is an individual whose health needs require medical or nursing supervision or care above the level which could be provided through assistance with Activities of Daily Living, Medication Administration, and general supervision and is not primarily for the care and treatment of mental diseases. Medical or nursing supervision or care beyond this level is required when any one of the following describes the individual's need for medical or nursing supervision:

1. The individual's medical condition requires observation and assessment to assure evaluation of the person's need for modification of treatment or additional medical procedures to prevent destabilization, and the person has demonstrated an inability to self-observe or evaluate the need to contact skilled medical professionals; or
2. Due to the complexity created by the person's multiple, interrelated medical conditions, the potential for the individual's medical instability is high or medical instability exists; or
3. The individual requires at least one ongoing medical or nursing service. The following is a non-exclusive list of medical or nursing services which may, but need not necessarily, indicate a need for medical or nursing supervision or care:
  - (a) Application of aseptic dressings;
  - (b) Routine catheter care;

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- (c) Respiratory therapy;
- (d) Supervision for adequate nutrition and hydration for individuals who show clinical evidence of malnourishment or dehydration or have a recent history of weight loss or inadequate hydration which, if not supervised, would be expected to result in malnourishment or dehydration;
- (e) Therapeutic exercise and positioning;
- (f) Routine care of colostomy or ileostomy or management of neurogenic bowel and bladder;
- (e) Use of physical (e.g., side rails, poseys, locked wards) or chemical restraints;
- (f) Routine skin care to prevent pressure ulcers for individuals who are immobile;
- (g) Care of small uncomplicated pressure ulcers and local skin rashes;
- (h) Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
- (g) Chemotherapy;
- (h) Radiation;
- (i) Dialysis;
- (j) Suctioning;
- (i) Tracheostomy care;
- (j) Infusion therapy; and
- (k) Oxygen.

Even when an individual meets nursing home criteria, provision of services in a noninstitutional setting shall be considered before nursing home placement is sought.

#### Summary of Pre-Admission Screening Criteria for Nursing Home Care

An individual shall be determined to meet the nursing home criteria when:

1. The individual has both limited functional capacity and requires medical or nursing management according to the requirements of the Pre-Admission Screening Criteria for Nursing Home Care; or

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2. The individual is rated dependent in some functional limitations, but does not meet the functional capacity requirements, and the individual requires the daily direct services or supervision of a licensed nurse that cannot be managed on an outpatient basis (e.g., clinic, physician visits, or home health services).

An individual shall not be determined to meet nursing home criteria when one of the following specific care needs solely describes his or her condition:

1. An individual who requires minimal assistance with activities of daily living, including those persons whose only need in all areas of functional capacity is for prompting to complete the activity;
2. An individual who independently uses mechanical devices such as a wheelchair, walker, crutch, or cane;
3. An individual who requires limited diets such as a mechanically altered, low salt, low residue, diabetic, reducing, and other restrictive diets;
4. An individual who requires medications that can be independently self-administered or administered by the caregiver;
5. An individual who requires protection to prevent him or her from obtaining alcohol or drugs or to address a social or environmental problem;
6. An individual who requires minimal staff observation or assistance for confusion, memory impairment, or poor judgment; or
7. An individual whose primary need is for behavioral management which can be provided in a community-based setting.

## **ASSISTED LIVING SERVICES CRITERIA**

### Authorization of Services to Be Provided

The assessor is responsible for authorizing the individual for the appropriate level of care for admission to and continued stay in an assisted living facility (ALF). The ALF must be knowledgeable of the criteria for level of care in an ALF and is responsible for discharge of the resident whenever a resident does not meet the criteria for level of care in an ALF upon admission or at any later time. The appropriate level of care must be documented based on the completion of the Uniform Assessment Instrument (UAI) and definitions of activities of daily living and directions provided in the *User's Manual: Virginia Uniform Assessment Instrument*. The UAI - User's Manual can be downloaded or printed from the DMAS website ([www.dmas.state.va.us](http://www.dmas.state.va.us)).

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### Criteria for Residential Living in an ALF

Individuals meet the criteria for residential living as documented on the UAI when at least one of the following describes their functional capacity:

1. Rated dependent in only one of seven activities of daily living (ADLs) (i.e., bathing, dressing, toileting, transferring, bowel function, bladder function, and eating/feeding).
2. Rated dependent in one or more of four selected instrumental activities of daily living (IADLs) (i.e., meal preparation, housekeeping, laundry, and money management).
3. Rated dependent in medication administration.

### Criteria for Regular Assisted Living in an ALF

Individuals meet the criteria for regular assisted living as documented on the UAI when at least one of the following describes their capacity:

1. Rated dependent in two or more of seven ADLs.
2. Rated dependent in behavior pattern (i.e., abusive, aggressive, and disruptive).